Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
EASTERN DISTRICT OF NEW YORK		
Case number (if known)	Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if this amended fil

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1	Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1. Y	our full name		
V	/rite the name that is on	John	Kerry
p	our government-issued icture identification (for xample, your driver's	First name	First name
lio	cense or passport).	Middle name	Middle name
	ring your picture	Parchen	Sauer
	lentification to your neeting with the trustee.	Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
	II other names you have sed in the last 8 years		Kerry J. Parchen
	nclude your married or naiden names.		
y n Ir Ic	only the last 4 digits of our Social Security umber or federal ndividual Taxpayer dentification number TIN)	xxx-xx-1383	xxx-xx-3819

	otor 1 John Parchen otor 2 Kerry Sauer		Case number (if known)
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.	■ I have not used any business name or EINs.
	Include trade names and doing business as names	Business name(s)	Business name(s)
		EINs	EINs
5.	Where you live	054 M W. D. J.	If Debtor 2 lives at a different address:
		351 Mollie Blvd. Holbrook, NY 11741	
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		Suffolk	
		County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for	Check one:	Check one:
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	 Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

	otor 1 John Parchen otor 2 Kerry Sauer					Case number (if known)	
						, ,	
Par	t 2: Tell the Court About	our Ban	kruptcy Ca	ase			
7.	The chapter of the Bankruptcy Code you are				ich, see <i>Notice Required by</i> a 1 and check the appropria	y 11 U.S.C. § 342(b) for Individuals Filin ate box.	g for Bankruptcy
	choosing to file under	■ Chap	oter 7				
		☐ Chap	oter 11				
		☐ Chap	oter 12				
		☐ Chap	oter 13				
8.	How you will pay the fee	at or	out how yo	ou may pay. Typically attorney is submittin	, if you are paying the fee y	eck with the clerk's office in your local co yourself, you may pay with cash, cashie half, your attorney may pay with a credi	r's check, or money
		□ Ir	need to pay	y the fee in installm ee in Installments (Of	ents. If you choose this opt	tion, sign and attach the Application for	Individuals to Pay
		□ Ir	equest that it is not req	at my fee be waived uired to, waive your	(You may request this option of the control of the	on only if you are filing for Chapter 7. By your income is less than 150% of the off	icial poverty line that
						in installments). If you choose this optic ficial Form 103B) and file it with your pe	
9.	Have you filed for	■ No.					
	bankruptcy within the	_					
	last 8 years?	☐ Yes.	Diatriat		\//b on	Casa number	
			District District		When When	Case number Case number	
			District		When	Case number	
			Diotriot				
10.	Are any bankruptcy	■ No					
	cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.					
	annate:		Debtor			Relationship to you	
			District		When	Case number, if known	
			Debtor			Relationship to you	
			District		When	Case number, if known	
11.	Do you rent your residence?	■ No.	Go to I	ine 12.			
	residence.	☐ Yes.	Has yo	our landlord obtained	an eviction judgment agair	nst you?	
				No. Go to line 12.			
				Yes. Fill out <i>Initial</i> Sthis bankruptcy peti		n Judgment Against You (Form 101A) ai	nd file it as part of

	otor 1 John Parchen otor 2 Kerry Sauer			Case number (if known)
Par	t 3: Report About Any Bu	sinesses	You Own as a Sole Proprie	etor
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to Part 4.	
		☐ Yes.	Name and location of bu	siness
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name of business, if any	
	If you have more than one sole proprietorship, use a separate sheet and attach		Number, Street, City, Sta	ate & ZIP Code
	it to this petition.		• • • •	ox to describe your business:
				ness (as defined in 11 U.S.C. § 101(27A))
			_	Il Estate (as defined in 11 U.S.C. § 101(51B))
			_ ,	defined in 11 U.S.C. § 101(53A))
			•	er (as defined in 11 U.S.C. § 101(6))
			☐ None of the abov	e
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadline operation	s. If you indicate that you are	court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of federal income tax return or if any of these documents do not exist, follow the procedure
	For a definition of small	■ No.	I am not filing under Cha	pter 11.
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Chapter Code.	11, but I am NOT a small business debtor according to the definition in the Bankruptcy
		☐ Yes.	I am filing under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.
Par	t 4: Report if You Own or	Have Any	Hazardous Property or Ar	ny Property That Needs Immediate Attention
14.	Do you own or have any	■ No.		
	property that poses or is alleged to pose a threat of imminent and	☐ Yes.	What is the hazard?	
	identifiable hazard to public health or safety?			
	Or do you own any property that needs immediate attention?		If immediate attention is needed, why is it needed?	
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is the property?	
	-			Number, Street, City, State & Zip Code

Deb	tor 2				Case number (if known)
arı	5: Explain Your Efforts t		eceive a Briefing About Credit Counseling out Debtor 1:	۸ha	out Debtor 2 (Spouse Only in a Joint Case):
5.	Tell the court whether you have received a briefing about credit counseling.		u must check one: I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.		I must check one: I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.
	The law requires that you receive a briefing about credit counseling before you file for bankruptcy.		Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.		Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.
	You must truthfully check one of the following choices. If you cannot do so, you are not eligible to	counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion. Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any. I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement. To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a confunction of completion. Within 14 days after you file this bankruptcy petition, but I do not have a confunction of completion. Within 14 days after you file this bankruptcy petition, but I do not have a confunction of completion. Within 14 days after you file this bankruptcy petition, but I do not have a confunction of completion. Within 14 days after you file this bankruptcy petition, but I do not have a confunction of completion. Within 14 days after you file this bankruptcy petition, but I do not have a confunction of completion. Within 14 days after you file this bankruptcy petition, but I do not have a confunction of completion. Within 14 days after you file this bankruptcy any. I certify that I asked for credit counseling serve from an approved agency, but was unable to obtain the 7 days after I made requires any. I certify that I asked for credit counseling serve from an approved agency, but was unable to obtain the 7 days after I made requires any. To ask for a 30-day temporary waiver of the requirement. To ask for a 30-day temporary waiver of the requirement. To ask for a 30-day temporary waiver of the requirement. To ask for a 30-day temporary waiver of the requirement.	I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.		
	file. If you file anyway, the court can dismiss your case, you		petition, you MUST file a copy of the certificate and		Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.
	will lose whatever filing fee you paid, and your creditors can begin collection activities again.		services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver		I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.
			To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why		To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.
			required you to file this case. Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.		Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must
			If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case		file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.
			may be dismissed. Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15		Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.
			days. I am not required to receive a briefing about credit counseling because of:		I am not required to receive a briefing about credit counseling because of:
			Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.		Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
			☐ Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.		□ Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
			Active duty. I am currently on active military duty in a military combat zone.		Active duty. I am currently on active military duty in a military combat zone.
			If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.		If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

	tor 1 John Parchen tor 2 Kerry Sauer				Casa numbar //	if to our		
					Case number (i	- Knowny		
Par	6: Answer These Quest	ions for R	eporting Purposes					
16.	What kind of debts do you have?	16a.	Are your debts primarily cor individual primarily for a perso			d in 11 U.S.C. § 101(8) as "incurred by an		
			☐ No. Go to line 16b.					
			Yes. Go to line 17.					
		16b.	Are your debts primarily bus money for a business or investigation					
			☐ No. Go to line 16c.					
			☐ Yes. Go to line 17.					
		16c.	State the type of debts you ow	e that are not consu	mer debts or business o	debts		
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapter 7	'. Go to line 18.				
	Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will	■ Yes.	I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?					
			■ No					
	be available for distribution to unsecured creditors?		□Yes					
18.	How many Creditors do	■ 1-49		1 ,000-5,000)	☐ 25,001-50,000		
10.	you estimate that you owe?	☐ 50-99)	5001-10,000		5 0,001-100,000		
	one.	<u> </u>		□ 10,001-25,0	00	☐ More than100,000		
		□ 200-9	99					
19.	How much do you	□ \$0 - \$	550,000	□ \$1,000,001	- \$10 million	□ \$500,000,001 - \$1 billion		
е	estimate your assets to be worth?		01 - \$100,000	□ \$10,000,00°	1 - \$50 million	□ \$1,000,000,001 - \$10 billion		
			001 - \$500,000	□ \$50,000,00°		□ \$10,000,000,001 - \$50 billion		
		□ \$500,	001 - \$1 million	□ \$100,000,00	01 - \$500 million	☐ More than \$50 billion		
20.	How much do you	□ \$0 - \$	550,000	□ \$1,000,001	- \$10 million	□ \$500,000,001 - \$1 billion		
	estimate your liabilities to be?	□ \$50,0	001 - \$100,000	□ \$10,000,00°	1 - \$50 million	□ \$1,000,000,001 - \$10 billion		
	to be:	_	001 - \$500,000		\$50,000,001 - \$100 million			
		\$ 500,	■ \$500,001 - \$1 million □ \$100,		01 - \$500 million	☐ More than \$50 billion		
Par	7: Sign Below							
For	you	I have ex	I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.					
			If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.					
		If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).						
		I request	relief in accordance with the ch	apter of title 11, Unit	ed States Code, specifi	ed in this petition.		
			cy case can result in fines up to			property by fraud in connection with a urs, or both. 18 U.S.C. §§ 152, 1341, 1519,		
		/s/ Johr	n Parchen		/s/ Kerry Sauer			
		John Pa Signature	archen e of Debtor 1		Kerry Sauer Signature of Debtor 2			
		Executed	d on 4/20/18 MM / DD / YYYY		Executed on 4/20/1	18 DD / YYYY		

Debtor 1 Debtor 2	John Parchen Kerry Sauer				Case	e number (if known)
represen	attorney, if you are ted by one	under Chapter 7, for which the pers	11, 12, or 13 of title 11, Ur son is eligible. I also certif	nited States Code, and y that I have delivered	d have ex I to the d	informed the debtor(s) about eligibility to proceed xplained the relief available under each chapter lebtor(s) the notice required by 11 U.S.C. § 342(b)
•	e not represented by ey, you do not need s page.	•	which § 707(b)(4)(D) appli ith the petition is incorrect	•	no knowl	ledge after an inquiry that the information in the
	. •	/s/ Adam C. Go	omerman		ate	4/20/18
		Signature of Attor	rney for Debtor			MM / DD / YYYY
		Adam C. Gom	erman			
		Printed name				
		Adam C. Gome	erman, Esq.			
		Firm name	-			
		807 East Jeric	ho Turnpike			
		Huntington Sta	ation, NY 11746			
		Number, Street, City, S	State & ZIP Code			
		Contact phone 63	1-549-1111	Email ad	ldress	agomerman@optonline.net
		2440238 NY				
		Bar number & State				

Fill	in this inform	nation to identify your	case:				
	otor 1	John Parchen					
		First Name	Middle Name	Last Name			
	otor 2 use if, filing)	Kerry Sauer First Name	Middle Name	Last Name			
` '			EASTERN DISTRICT (
Unii	ieu Siaies bar	kruptcy Court for the:	EASTERN DISTRICT	OF NEW TORK			
	se number						k if this is an ded filing
∩f	ficial For	rm 106Sum					
_			and Liabilities a	nd Certain Statistical Inform	ation		12/15
infoi your	rmation. Fill o	out all of your schedule	es first; then complete t	e are filing together, both are equally resp the information on this form. If you are filir ok the box at the top of this page.			
Par	Summa	arize four Assets					
						Your a	ssets of what you own
1.	Schedule A/ 1a. Copy line	/B: Property (Official Fo e 55, Total real estate, fr	orm 106A/B) om Schedule A/B			\$	359,907.00
	1b. Copy line	e 62, Total personal prop	perty, from Schedule A/B			\$	19,150.00
	1c. Copy line	e 63, Total of all property	on Schedule A/B			\$	379,057.00
Par	t 2: Summa	arize Your Liabilities					
							abilities
						Amour	t you owe
2.			aims Secured by Propert nn A, Amount of claim, at	ty (Official Form 106D) t the bottom of the last page of Part 1 of <i>Sche</i>	dule D	\$	521,337.12
3.	Schedule E/I	F: Creditors Who Have e total claims from Part	Unsecured Claims (Official) 1 (priority unsecured clair	al Form 106E/F) ms) from line 6e of <i>Schedule E/F</i>		\$	217,663.00
	3b. Copy the	e total claims from Part	2 (nonpriority unsecured	claims) from line 6j of Schedule E/F		\$	106,410.81
				Your total	iabilities	\$	845,410.93
			_				
Par	t 3: Summa	arize Your Income and	Expenses				
4.		Your Income (Official Foombined monthly income		le I		\$	5,878.00
5.		Your Expenses (Official onthly expenses from li				\$	5,878.00
Par	t 4: Answe	r These Questions for	Administrative and Sta	tistical Records			
6.	•		er Chapters 7, 11, or 137 on this part of the form. (? Check this box and submit this form to the co	ırt with you	ur other sc	hedules.
7.	■ Yes	f debt do you have?					
••		•	sumer debts. Consumer	debts are those "incurred by an individual pri	marily for	a personal	, family, or
	househ	old purpose." 11 U.S.C.	§ 101(8). Fill out lines 8-	9g for statistical purposes. 28 U.S.C. § 159.			
		ebts are not primarily of the street with your other sched		ave nothing to report on this part of the form.	Check this	box and s	ubmit this form to

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

John Parchen Kerry Sauer Case number (if known)	
m the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.	\$ 5,878.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total	claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	217,663.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	217,663.00

Dobtor 4		our ouse und th	nis filing:		
Debtor 1	John Parcher				
D 1 4 0	First Name	Middle	e Name Last Name		
Debtor 2 (Spouse, if filing)	Kerry Sauer First Name	Middle	e Name Last Name		
United States B	Bankruptcy Court for the	ne: EASTERN	DISTRICT OF NEW YORK		
Case number					☐ Check if this is ar amended filing
Official E	orm 106A/B				
		onorty.			
<u>scneau</u>	le A/B: Pro	operty			12/15
I. Do you own or ☐ No. Go to Pa	r have any legal or equ		her Real Estate You Own or Have an Interest In any residence, building, land, or similar property?		
1.1 351 Moll i	lie Blvd.		What is the property? Check all that apply		
351 Mollie Blvd. Street address, if available, or other description		ription	■ Single-family home □ Duplex or multi-unit building □ Condominium or cooperative	Do not deduct secured cl the amount of any secure Creditors Who Have Clair	
			Condominant of cooperative		ms Secured by Property.
			☐ Manufactured or mobile home	Current value of the	ms Secured by Property. Current value of the
Holbrook		11741-0000	☐ Manufactured or mobile home ☐ Land	entire property?	Current value of the portion you own?
Holbrook City	k NY State	11741-0000 ZIP Code	☐ Manufactured or mobile home ☐ Land ☐ Investment property		Current value of the portion you own?
			☐ Manufactured or mobile home ☐ Land	\$359,907.00 Describe the nature of y	Current value of the portion you own? \$359,907.00
			☐ Manufactured or mobile home ☐ Land ☐ Investment property ☐ Timeshare ☐ Other ☐ Who has an interest in the property? Check one	\$359,907.00 Describe the nature of (such as fee simple, ter a life estate), if known.	Current value of the portion you own? \$359,907.00 your ownership interest lancy by the entireties, or
City			☐ Manufactured or mobile home ☐ Land ☐ Investment property ☐ Timeshare ☐ Other	s359,907.00 Describe the nature of (such as fee simple, ter	Current value of the portion you own? \$359,907.00 your ownership interest lancy by the entireties, or
			☐ Manufactured or mobile home ☐ Land ☐ Investment property ☐ Timeshare ☐ Other ☐ Who has an interest in the property? Check one	\$359,907.00 Describe the nature of (such as fee simple, ter a life estate), if known.	Current value of the portion you own? \$359,907.00 your ownership interest lancy by the entireties, or
City			☐ Manufactured or mobile home ☐ Land ☐ Investment property ☐ Timeshare ☐ Other ☐ Who has an interest in the property? Check one ☐ Debtor 1 only	entire property? \$359,907.00 Describe the nature of y (such as fee simple, ter a life estate), if known. Tenancy by the En	Current value of the portion you own? \$359,907.00 your ownership interest nancy by the entireties, or
City			☐ Manufactured or mobile home ☐ Land ☐ Investment property ☐ Timeshare ☐ Other ☐ Who has an interest in the property? Check one ☐ Debtor 1 only ☐ Debtor 2 only	\$359,907.00 Describe the nature of (such as fee simple, ter a life estate), if known.	Current value of the portion you own? \$359,907.00 your ownership interest nancy by the entireties, or
City			Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	entire property? \$359,907.00 Describe the nature of y (such as fee simple, ter a life estate), if known. Tenancy by the En	Current value of the portion you own? \$359,907.00 your ownership interest nancy by the entireties, or
City			Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this item	entire property? \$359,907.00 Describe the nature of y (such as fee simple, ter a life estate), if known. Tenancy by the En	Current value of the portion you own? \$359,907.00 your ownership interest nancy by the entireties, or
City			Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one Debtor 1 only Debtor 2 only At least one of the debtors and another Other information you wish to add about this iter	entire property? \$359,907.00 Describe the nature of y (such as fee simple, ter a life estate), if known. Tenancy by the En	Current value of the portion you own? \$359,907.00 your ownership interest nancy by the entireties, or

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Deb Deb	tor 1 tor 2	John Parchen Kerry Sauer		Case number ('if known)	
3. C	ars, var	ns, trucks, tractors, sport utility ve	ehicles, motorcycles			
	No					
	Yes					
3.1	Make Mode	Town 9 Country	Who has an interest in the property? Check one Debtor 1 only	the amo	unt of any secure	aims or exemptions. Put d claims on Schedule D: ms Secured by Property.
	Year: Appro	" 	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Current	value of the roperty?	Current value of the portion you own?
	In De	ebtor's Possession	☐ Check if this is community property (see instructions)		\$2,000.00	\$2,000.00
3.2	2.2 Make: Dodge Who has an interest in the prop		Who has an interest in the property? Check one Debtor 1 only	the amo	unt of any secure	aims or exemptions. Put d claims on Schedule D: ms Secured by Property.
		2010 eximate mileage: 120000 information:	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another		value of the roperty?	Current value of the portion you own?
			☐ Check if this is community property (see instructions)		\$10,000.00	\$10,000.00
			vn for all of your entries from Part 2, including that number here			\$12,000.00
	_					
Part Do y		cribe Your Personal and Household It n or have any legal or equitable in	tems Interest in any of the following items?		[Current value of the portion you own? On not deduct secured claims or exemptions.
	xample No	old goods and furnishings es: Major appliances, furniture, linens Describe	s, china, kitchenware			
		Household God In Debtor's Pos	ods and Furnishings ssession			\$1,500.00
E	_		leo, stereo, and digital equipment; computers, pri nedia players, games	inters, scanners	; music collection	ons; electronic devices
	No Yes.	Describe				
E		les of value es: Antiques and figurines; paintings, other collections, memorabilia, co	prints, or other artwork; books, pictures, or other bllectibles	r art objects; sta	mp, coin, or bas	seball card collections;
_	-	Describe				

	ebtor 1 ebtor 2	John Parche Kerry Sauer	n				C	ase number <i>(i</i>	f known)	
9.	Example No	musical instru	graphic, e		her hobb	by equipment; bi	icycles, pool tables, go	olf clubs, skis;	canoes and	kayaks; carpentry tools;
	☐ Yes.	Describe								
10.	■ No	ns bles: Pistols, rifles Describe	s, shotgur	s, ammunition,	and rela	ted equipment				
11	Clothes									
	Examp ☐ No	oles: Everyday clo	othes, fur	s, leather coats,	, designe	er wear, shoes, a	accessories			
	■ Yes.	Describe								
			Clothii In Deb	ng tor's Posses	sion					\$500.00
12.	■ No		welry, cos	tume jewelry, e	ngagem	ent rings, weddi	ing rings, heirloom jew	velry, watches,	gems, gold	, silver
13.	Examp ■ No	rm animals oles: Dogs, cats, b	oirds, hor	ses						
	■ No	her personal and			did not	already list, ind	cluding any health ai	ds you did no	ot list	
15		he dollar value o					y entries for pages y	ou have attac	hed	\$2,000.00
Pa	rt 4: Des	scribe Your Financ	cial Asset	S						
Do	you ow	n or have any le	egal or e	quitable interes	st in any	of the following	ng?			Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	□ No	oles: Money you h	·	•		•	sit box, and on hand w	hen you file yo	our petition	
								Cash In Debtor' Possessio		\$50.00
17.	Examp					s; certificates of n the same instit	deposit; shares in cre tution, list each.	dit unions, bro	kerage hou	ses, and other similar
	□ No ■ Yes					Institution na	ame:			
			17.1.	Checking		Citibank				\$100.00

Debtor Debtor		John Parche Kerry Sauer	<u>n</u>			Case number (if kr	nown)
			17.2.	Savings	NY Team FCU		\$0.00
			17.3.	Checking	Citibank		\$0.00
			17.4.	Savings	Citibank		\$0.00
	kampi No ∕es	les: Bond funds	, investme	Institution or issu	brokerage firms, money marke er name:		
	int ve	blicly traded st enture	ock and	interests in inco	rporated and unincorporated	l businesses, including an in	iterest in an LLC, partnership, and
	es.	Give specific int		about themne of entity:		% of ownership:	
			JP	Distributors, L	LC	100% Shareholder	% \$0.00
			Sh	ining Smiles Fa	amily Dental, PC	100%	% \$5,000.00
Ne Ne ■ N	egotia on-ne No	able instruments	s include position include position includes properties are provided includes a contraction of the contraction of the contraction includes provided provided includes provided includes provided includes provided provided includes provided provided includes provided includes provided includes provided	personal checks, o those you cannot	gotiable and non-negotiable cashiers' checks, promissory no transfer to someone by signing	otes, and money orders.	
	kamp	nent or pensior les: Interests in), 403(b), thrift savings account	s, or other pension or profit-sh	aring plans
_		ist each accour	•	ely. of account:	Institution name:		
Yo	our sh kamp		d deposit	s you have made	so that you may continue serv nt, public utilities (electric, gas,		ompanies, or others
-					Institution name or in	dividual:	
23. An		es (A contract fo	or a perio	dic payment of mo	oney to you, either for life or for	a number of years)	
		ls	suer nam	e and description			
26 (U.S.C	s in an education. §§ 530(b)(1),	on IRA, ir 529A(b),	n an account in a and 529(b)(1).	ı qualified ABLE program, or	under a qualified state tuition	on program.
■ N		lr	stitution r	name and descript	tion. Separately file the records	s of any interests.11 U.S.C. § 5	21(c):
25. Tr ι		equitable or fu	ture inte	rests in property	(other than anything listed in	n line 1), and rights or power	s exercisable for your benefit

☐ Yes. Give specific information about them...

	ebtor 1 ebtor 2	John Parchen Kerry Sauer	Case number (if known)	
	Example ■ No	, copyrights, trademarks, trade secrets, and other intellectual property les: Internet domain names, websites, proceeds from royalties and licensing a	agreements	
	☐ Yes.	Give specific information about them		
	Example ■ No	es, franchises, and other general intangibles les: Building permits, exclusive licenses, cooperative association holdings, liq Give specific information about them	uor licenses, professional licens	es
M	oney or p	property owed to you?		Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax refu ■ No	unds owed to you		
	☐ Yes. 0	Give specific information about them, including whether you already filed the r	returns and the tax years	
	■ No	support les: Past due or lump sum alimony, spousal support, child support, maintenar Give specific information	nce, divorce settlement, property	settlement
	Example No	mounts someone owes you les: Unpaid wages, disability insurance payments, disability benefits, sick pay benefits; unpaid loans you made to someone else Give specific information	r, vacation pay, workers' comper	nsation, Social Security
31.		s in insurance policies les: Health, disability, or life insurance; health savings account (HSA); credit,	homeowner's, or renter's insurar	nce
	■ No □ Yes. N	Name the insurance company of each policy and list its value. Company name:	Beneficiary:	Surrender or refund value:
32.	If you a someor	erest in property that is due you from someone who has died re the beneficiary of a living trust, expect proceeds from a life insurance policine has died.	y, or are currently entitled to rece	eive property because
	■ No □ Yes.	Give specific information		
33.		against third parties, whether or not you have filed a lawsuit or made a les: Accidents, employment disputes, insurance claims, or rights to sue	demand for payment	
	☐ Yes.	Describe each claim		
	■ No	ontingent and unliquidated claims of every nature, including countercla	ims of the debtor and rights to	set off claims
		Describe each claim		
	■ No	Give specific information		
36		ne dollar value of all of your entries from Part 4, including any entries for t 4. Write that number here	. • •	\$5,150.00
			•	

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

Official Form 106A/B
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Debt Debt		John Parchen Kerry Sauer			Case number (if known)		
37. D o	you c	own or have any legal or equitable interest in any business-re	lated pr	operty?			
	No. Go	to Part 6.					
	Yes. G	so to line 38.					
Part 6		scribe Any Farm- and Commercial Fishing-Related Property You own or have an interest in farmland, list it in Part 1.	ou Own	or Have an Interes	st In.		
46. D	o you	own or have any legal or equitable interest in any far	m- or c	ommercial fishin	ng-related property?		
-	No.	Go to Part 7.			,		
[☐ Yes.	Go to line 47.					
Part 7	7:	Describe All Property You Own or Have an Interest in That	You Did	Not List Above			
I		have other property of any kind you did not already loles: Season tickets, country club membership	ist?				
	Yes.	Give specific information					
54.	Add t	he dollar value of all of your entries from Part 7. Write	that nu	umber here			\$0.00
Part 8	3:	List the Totals of Each Part of this Form					
55.	Part 1	: Total real estate, line 2					\$359,907.00
56.	Part 2	2: Total vehicles, line 5		\$12,000.00			, , , , , , , , , , , , , , , , , , ,
57.	Part 3	: Total personal and household items, line 15		\$2,000.00			
58.	Part 4	: Total financial assets, line 36		\$5,150.00			
59.	Part 5	: Total business-related property, line 45		\$0.00			
60.	Part 6	: Total farm- and fishing-related property, line 52		\$0.00			
61.	Part 7	: Total other property not listed, line 54	+	\$0.00			
62.	Total	personal property. Add lines 56 through 61		\$19,150.00	Copy personal property to	ial	\$19,150.00
63.	Total	of all property on Schedule A/B. Add line 55 + line 62					\$379,057.00

Fil	I in this inform	nation to identify your cas	se:							
	btor 1	John Parchen								
		First Name	Middle Name	L	ast Name					
	btor 2 ouse if, filing)	Kerry Sauer First Name	Middle Name	L	ast Name					
		nkruptcy Court for the: E	EASTERN DISTRICT OF NE	EW Y	ORK					
	nown)					☐ Check if this is an amended filing				
Of	fficial Fo	rm 106C								
			perty You Cla	im	as Exempt	4/16				
	Cilcadio		ocity rod old		i d3 Excilipt	4/10				
the nee cas For	property you list ded, fill out and e number (if kn	sted on Schedule A/B: Prop d attach to this page as ma own). property you claim as exe	perty (Official Form 106A/B) ny copies of Part 2: Addition empt, you must specify the	as yo nal Pa	our source, list the property that you age as necessary. On the top of any ount of the exemption you claim.	additional pages, write your name and One way of doing so is to state a				
any fun exe	applicable stands ds—may be use emption to a pa	atutory limit. Some exem nlimited in dollar amount	ptions—such as those for . However, if you claim an	heal exer	th aids, rights to receive certain b nption of 100% of fair market valu	ing exempted up to the amount of enefits, and tax-exempt retirement e under a law that limits the , your exemption would be limited				
Pa	rt 1: Identif	y the Property You Claim	as Exempt							
1.	Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.									
	☐ You are cla	niming state and federal no	nbankruptcy exemptions. 1	I1 U.S	S.C. § 522(b)(3)					
	You are cla	aiming federal exemptions.	11 U.S.C. § 522(b)(2)							
2.	For any property you list on Schedule A/B that you claim as exempt, fill in the information below.									
		on of the property and line or	n Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption				
	Concadio 7 (2)	mat note time property	Copy the value from Schedule A/B	Che	eck only one box for each exemption.					
	351 Mollie E Suffolk Cou	Blvd. Holbrook, NY 117	41 \$359,907.00		\$0.00	11 U.S.C. § 522(d)(1)				
	Debtor's res	•			100% of fair market value, up to any applicable statutory limit					
	2010 Chrys 111,000 mil	ler Town & Country	\$2,000.00		\$2,000.00	11 U.S.C. § 522(d)(2)				
	In Debtor's	Possession redule A/B: 3.1			100% of fair market value, up to any applicable statutory limit					
	Clothing In Debtor's	Possession	\$500.00		\$500.00	11 U.S.C. § 522(d)(3)				
		edule A/B: 11.1			100% of fair market value, up to any applicable statutory limit					
	Checking: (Citibank eedule A/B: 17.1	\$100.00		\$0.00	11 U.S.C. § 522(d)(5)				
	LING HOIH SCI	oddio A.D. IIII			100% of fair market value, up to any applicable statutory limit					
	JP Distribut		\$0.00		\$6,000.00	11 U.S.C. § 522(d)(5)				

Official Form 106C

☐ 100% of fair market value, up to any applicable statutory limit

Line from Schedule A/B: 19.1

	Kerry Sauer		Case number (if known)						
	description of the property and line on dule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim		Specific laws that allow exemption				
		Copy the value from Check only one box for each exemption. Schedule A/B							
Shir 1009	ning Smiles Family Dental, PC	\$5,000.00	-	\$5,000.00	11 U.S.C. § 522(d)(5)				
	from Schedule A/B: 19.2	•		100% of fair market value, up to any applicable statutory limit					
(Sub	you claiming a homestead exemption ject to adjustment on 4/01/19 and every	. ,		led on or after the date of adjustme	nt.)				
	No Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?								
	□ No	red by the exemption wi		,210 days before you filed this ease	•				
	☐ Yes								

Official Form 106C

Elli in this informa-					
FIII IN THIS INFORM	ation to identify you	r case:			
Debtor 1	John Parchen			_	
Dahtano	First Name	Middle Name Last Nam	е		
Debtor 2 (Spouse if, filing)	Kerry Sauer First Name	Middle Name Last Nam	Δ	_	
(Spouse II, IIIIIIg)	i iist ivaille	Middle Name Last Nam	5		
United States Banl	kruptcy Court for the:	EASTERN DISTRICT OF NEW YORK		_	
0					
Case number				☐ Check	if this is an
,					ded filing
				union	aca ming
Official Form	106D				
		Who Have Claims Secu	red by Proper	t v/	12/15
Scriedule I	J. Creditors	WIIO Have Claims Secu	led by Proper	ιy	12/13
		f two married people are filing together, both a			
is needed, copy the <i>i</i> number (if known).	Additional Page, fill it o	out, number the entries, and attach it to this for	m. On the top of any additi	onal pages, write your na	me and case
` ,	nave claims secured by	your property?			
	-		. V., b.,		
No. Check	this dox and submit tr	nis form to the court with your other schedule	s. You have nothing else	to report on this form.	
Yes. Fill in a	all of the information b	pelow.			
Part 1: List All	Secured Claims				
2. List all secured c	laims. If a creditor has n	nore than one secured claim, list the creditor separ	ately Column A	Column B	Column C
for each claim. If mo	re than one creditor has	a particular claim, list the other creditors in Part 2.	As Amount of claim	Value of collateral	Unsecured
much as possible, list	t the claims in alphabetic	cal order according to the creditor's name.	Do not deduct the value of collateral.	that supports this claim	portion If any
2.1 Bayview Lo	oan Servicing	Describe the property that secures the claim:	\$446,000.00	\$359,907.00	\$1,000.00
Creditor's Name		351 Mollie Blvd. Holbrook, NY 1174			
		Suffolk County			
4425 Ponce	e de Leon Blvd	Debtor's residence			
5th Floor		As of the date you file, the claim is: Check all the apply.	at		
Miami, FL 3	33146	☐ Contingent			
Number, Street, 0	City, State & Zip Code	☐ Unliquidated			
		☐ Disputed			
Who owes the deb	ot? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only		☐ An agreement you made (such as mortgage of	or secured		
Debtor 2 only		car loan)			
■ Debtor 1 and Deb	otor 2 only	☐ Statutory lien (such as tax lien, mechanic's lie	n)		
☐ At least one of the	e debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this cla	im relates to a	Other (including a right to offset) First M	ortgage		
community deb	t	· · · · · · · · · · · · · · · · · · ·			
Date debt was incur	rred 2007	Last 4 digits of account number			
2.2 Exeter Fina	ance Corn	Describe the property that secures the claim:	\$14,500.00	\$10,000.00	\$4,500.00
Creditor's Name	ance corp.	2010 Dodge Ram 120000 miles	Ψ14,500.00	Ψ10,000.00	Ψ+,500.00
		2010 Bouge Rain 120000 fillies			
P.O. Box 1	66008	As of the date you file, the claim is: Check all the apply.	at		
Irving, TX 7	75016	☐ Contingent			
Number, Street, 0	City, State & Zip Code	☐ Unliquidated			
		☐ Disputed			
Who owes the deb	ot? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only		☐ An agreement you made (such as mortgage of	or secured		
Debtor 2 only		car loan)			
■ Debtor 1 and Deb	otor 2 only	☐ Statutory lien (such as tax lien, mechanic's lie	n)		
☐ At least one of the	e debtors and another	☐ Judgment lien from a lawsuit			
Check if this claim		Other (including a right to offset)	se Money Security		
community deb	ı				
Date debt was incur	rred	Last 4 digits of account number			

Official Form 106D

Debtor 1 John Parchen		Case number (if know)					
First Name Middle N	ame Last Name						
Debtor 2 Kerry Sauer First Name Middle N	ame Last Name						
riist Name iviiddie N	anie Last Name						
2.3 Fleck, Fleck & Fleck	Describe the property that secures the claim:	\$0.00	\$0.00	\$0.00			
Creditor's Name				·			
1205 Franklin Avenue,	As of the date you file, the claim is: Check all that						
Ste. 300	apply.						
Garden City, NY 11530	Contingent						
Number, Street, City, State & Zip Code	☐ Unliquidated						
Who owes the debt? Check one.	Disputed						
Debtor 1 only	lature of lien. Check all that apply. ☐ An agreement you made (such as mortgage or secured						
Debtor 2 only	car loan)	secureu					
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)						
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit						
☐ Check if this claim relates to a	Other (including a right to offset)						
community debt	— Other (including a right to onset)						
Date debt was incurred	Last 4 digits of account number						
Date debt was incurred							
2.4 Petro Inc.	Describe the property that secures the claim:	\$1,603.42	\$0.00	\$1,603.00			
Creditor's Name	Debtors' Residence	Ψ1,000.42	Ψ0.00	ψ1,000.00			
	Debtors Residence						
520 Broadhollow Road,							
Ste. 200W	As of the date you file, the claim is: Check all that apply.						
Melville, NY 11747	☐ Contingent						
Number, Street, City, State & Zip Code	☐ Unliquidated						
	☐ Disputed						
Who owes the debt? Check one.	Nature of lien. Check all that apply.						
Debtor 1 only	An agreement you made (such as mortgage or s	secured					
Debtor 2 only	car loan)						
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)						
☐ At least one of the debtors and another	Judgment lien from a lawsuit						
☐ Check if this claim relates to a	Other (including a right to offset)						
community debt							
Date debt was incurred 2/6/13	Last 4 digits of account number						
							
Wells Fargo Home							
Mortgage	Describe the property that secures the claim:	\$59,233.70	\$359,907.00	\$0.00			
Creditor's Name	351 Mollie Blvd. Holbrook, NY 11741						
	Suffolk County						
	Debtor's residence As of the date you file, the claim is: Check all that						
1 Home Campus	apply.						
Des Moines, IA 50328	☐ Contingent						
Number, Street, City, State & Zip Code	☐ Unliquidated						
	☐ Disputed						
Who owes the debt? Check one.	Nature of lien. Check all that apply.						
Debtor 1 only	☐ An agreement you made (such as mortgage or s car loan)	secured					
Debtor 2 only	<u> </u>						
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)						
At least one of the debtors and another	☐ Judgment lien from a lawsuit	loutes ou c					
☐ Check if this claim relates to a community debt	Other (including a right to offset) Second N	nortgage					
Date debt was incurred 2007	Last 4 digits of account number						

Official Form 106D

Debtor 1	John Parchen			Case number (if know)		
	First Name	Middle Name	Last Name			
Debtor 2	Kerry Sauer					
	First Name	Middle Name	Last Name			
Add the	dollar value of your	entries in Column A on	this page. Write that number here:	\$521,337.12		
	the last page of you	ir form, add the dollar va	lue totals from all pages.	\$521,337.12		

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

							•	
Fill	in this inforr	mation to identify your c	ase:					
Deb	tor 1	John Parchen						
		First Name	Middle Name	Last Nan	ne			
	tor 2 use if, filing)	Kerry Sauer First Name	Middle Name	Last Nan	20			
(Эрос	use II, IIIIIIg)	i iist ivaille			ie			
Unit	ed States Ba	nkruptcy Court for the:	EASTERN DISTR	RICT OF NEW YORK				
Cas	e number							
(if kno	_						☐ Check	if this is an
							amend	ed filing
∩ffi	icial Forn	n 106E/F						
		:/F: Creditors W	ha Haya Ha	cocurad Claim	. c			12/15
		d accurate as possible. Use				r araditara with NO	NDDIODITY eleime Li	
Schee Schee left. A	dule G: Execu dule D: Credit Attach the Cor	tracts or unexpired leases to tory Contracts and Unexpiors Who Have Claims Secutinuation Page to this pagenber (if known).	red Leases (Official ired by Property. If n	Form 106G). Do not incl nore space is needed, c	ude any cre opy the Part	ditors with partially you need, fill it out,	secured claims that a number the entries in	re listed in note the
Part	1: List A	II of Your PRIORITY Uns	secured Claims					
1.	Do any credito	ors have priority unsecured	l claims against you	?				
	☐ No. Go to F	Part 2.						
	Yes.							
i I	identify what ty possible, list th	r priority unsecured claims pe of claim it is. If a claim has e claims in alphabetical orde than one creditor holds a par	s both priority and nor r according to the cred	npriority amounts, list that ditor's name. If you have i	claim here a	nd show both priority	and nonpriority amoun	ts. As much as
((For an explana	ation of each type of claim, so	ee the instructions for	this form in the instruction	n booklet.)	Total claim	Priority amount	Nonpriority amount
						\$192,663.0) _	
2.1		Revenue Service	Last 4 d	igits of account numbe	r		\$192,663.00	\$0.00
		editor's Name o Tech Center	When w	as the debt incurred?	2007-20	16		
		n, NY 11201	***************************************	ao me aobi meanea.	2007 20		_	
		treet City State Zlp Code	As of the	e date you file, the clain	n is: Check a	II that apply		
		d the debt? Check one.	☐ Conti	ingent				
	Debtor 1 o	only	☐ Unliq	uidated				
	Debtor 2 o	only	☐ Dispu	uted				
	Debtor 1 a	and Debtor 2 only	Type of	PRIORITY unsecured c	aim:			
	☐ At least or	ne of the debtors and another	r Dom	estic support obligations				
	☐ Check if t	this claim is for a commun	ity debt Taxe	s and certain other debts	you owe the	government		
		subject to offset?	•	ns for death or personal in	-	•		
	■ No		☐ Othe	r. Specify				
	☐ Yes			Taxes				

Debtor Debtor	1 John Parchen 2 Kerry Sauer		Case num	ber (if know)					
2.2	NY State Department	Last 4 digits of account number		\$25,000.00	\$25,000.00	\$0.00			
	Priority Creditor's Name of Taxation and Finance Civil Enforcement W A Harriman State Campus	When was the debt incurred?	2007-2016						
	Albany, NY 12227-0001 Number Street City State Zlp Code	As of the date you file, the claim	is: Chack all tha	at apply					
w	ho incurred the debt? Check one.	Contingent	is. Check all the	н арріу					
	Debtor 1 only	_							
	Debtor 2 only	☐ Unliquidated							
_	,	☐ Disputed							
	Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured cla	im:						
	At least one of the debtors and another	☐ Domestic support obligations							
	Check if this claim is for a community debt	■ Taxes and certain other debts y	ou owe the gove	ernment					
Is	the claim subject to offset?	☐ Claims for death or personal inj	ury while you we	ere intoxicated					
	No	Other. Specify							
	Yes	Taxes							
4. List	Yes. all of your nonpriority unsecured claims in the ecured claim, list the creditor separately for each clain one creditor holds a particular claim, list the other	aim. For each claim listed, identify wh	at type of claim	it is. Do not list clain	ns already included in Pa	rt 1. If more			
ı aı	12.				Total clai	m			
4.1	ACS/Asccess Group	Last 4 digits of account numb	er 2661			\$8,223.00			
	Nonpriority Creditor's Name 501 Bleecker Street Utica, NY 13501	When was the debt incurred?	2003			ψ0,220.00			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the cla	im is: Check all	that apply					
	☐ Debtor 1 only	☐ Contingent							
	■ Debtor 2 only	☐ Unliquidated							
	Debtor 1 and Debtor 2 only	☐ Disputed							
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecu	ıred claim:						
	☐ Check if this claim is for a community	☐ Student loans							
	debt	Obligations arising out of a separation agreement or divorce that you did not							
	Is the claim subject to offset?	report as priority claims Debts to pension or profit-sharing plans, and other similar debts							
				outer similar depts					
	Yes	■ Other. Specify Credit ca	ii u uebi						

Debtor Debtor	1 John Parchen 2 Kerry Sauer		Case number (if know)	
4.2	American Express Nonpriority Creditor's Name	Last 4 digits of account number	2113	\$4,410.09
	P.O. Box 297884 Ft. Lauderdale, FL 33329-7884	When was the debt incurred?	2007	
-	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify Credit card	debt	
4.3	American Med Collection Agency Nonpriority Creditor's Name	Last 4 digits of account number		\$0.00
	2269 S. Saw Mill River Road Bldg. 3	When was the debt incurred?		
	Elmsford, NY 10523 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify Medical Bil	<u> </u>	
4.4	Barclay Bank	Last 4 digits of account number	9826	\$3,541.00
	Nonpriority Creditor's Name P.O. Box 13337	When was the debt incurred?	2007	
-	Philadelphia, PA 19101 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	,		
	☐ Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	□ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	□Yes	■ Other. Specify Credit card	debt	

	1 John Parchen 2 Kerry Sauer		Case number (if know)	
4.5	Capital One Bank Nonpriority Creditor's Name	Last 4 digits of account number	4983	\$3,684.97
	P.O. Box 71083 Charlotte, NC 28272	When was the debt incurred?	2007	
-	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Credit card	debt	
4.6	CBNA	Last 4 digits of account number	7667	\$5,081.00
	Nonpriority Creditor's Name PO Box 796006	When was the debt incurred?	2007	
-	San Antonio, TX 78245 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Credit card	debt	
4.7	Citi Cards	Last 4 digits of account number	5441	\$19,270.00
	Nonpriority Creditor's Name P.O. Box 182564	When was the debt incurred?	2007	
-	Columbus, OH 43218 Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.	,	or onest an inat apply	
	☐ Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	\square Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	■ Other. Specify Credit card	debt	

Debtor Debtor	1 John Parchen 2 Kerry Sauer		Case number (if know)	
4.8	Direct Merchants Bank	Last 4 digits of account number	9391	\$2,356.52
	Nonpriority Creditor's Name P.O. Box 17313 Baltimore, MD 21297-1313	When was the debt incurred?	2007	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Credit card	debt	
4.9	Discover	Last 4 digits of account number	1465	\$3,434.00
	Nonpriority Creditor's Name P.O. Box 15192 Wilmington, DE 19886	When was the debt incurred?	2007	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Credit card	debt	
4.1	Discover	Last 4 digits of account number	9308	\$14,948.00
	Nonpriority Creditor's Name P.O. Box 15192 Wilmington, DE 19886	When was the debt incurred?	2007	
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.			
	☐ Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	□Yes	■ Other. Specify Credit card	debt	

	or 1 John Parchen or 2 Kerry Sauer	Case number (if know)	
4.1 1	Discover	Last 4 digits of account number1465	\$3,811.00
	Nonpriority Creditor's Name P.O. Box 15192 Wilmington, DE 19886	When was the debt incurred? 2007	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	■ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Credit card debt	
4.1 2	Fleck, Fleck & Fleck	Last 4 digits of account number	\$0.00
	Nonpriority Creditor's Name 1205 Franklin Avenue, Ste. 300 Garden City, NY 11530	When was the debt incurred?	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	$\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.1 3	Forster & Garbus, LLP	Last 4 digits of account number	\$0.00
	Nonpriority Creditor's Name 60 Motor Parkway Commack, NY 11725-5710	When was the debt incurred?	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	

Debto	or 1 John Parchen or 2 Kerry Sauer	Case number (if know)	
4.1 4	GE Capital Retail Bank	Last 4 digits of account number 3261	\$2,052.20
	Nonpriority Creditor's Name PO Box 960061 Orlando, FL 32896-0061	When was the debt incurred? 2007	_
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	$\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Credit card debt	_
4.1 5	GE Money Bank Nonpriority Creditor's Name	Last 4 digits of account number 8723	\$920.00
	P.O. Box 960061 Orlando, FL 32896	When was the debt incurred? 2007	_
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	■ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Credit card debt	_
4.1 6	Good Samaritan Hospital	Last 4 digits of account number 0609	\$1,263.83
	Nonpriority Creditor's Name 1000 Montauk Hwy. West Islip, NY 11795-4958	When was the debt incurred? 2013	_
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	■ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ At least one of the debtors and another ☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Medical Services	

Debto Debto	or 1 John Parchen or 2 Kerry Sauer	Case number (if know)	
4.1 7	Kohl's	Last 4 digits of account number 0883	\$2,437.00
	Nonpriority Creditor's Name P.O. Box 3043 Milwaukee, WI 53201-3043	When was the debt incurred? 2007	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Credit card debt	
4.1	Medical Property Manageme Nonpriority Creditor's Name	Last 4 digits of account number	Unknown
	16 Van Cott Road Deer Park, NY 11729	When was the debt incurred? 2017-2018	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Rent	
4.1 9	Mullen and lannarone, PC	Last 4 digits of account number	\$0.00
	Nonpriority Creditor's Name 300 E. Main Street, Suite 3 Smithtown, NY 11787	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	\square Check if this claim is for a community debt	☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	

	or 1 John Parchen or 2 Kerry Sauer	Case number (if know)	
4.2 0	New York Team FCU	Last 4 digits of account number 5186	\$8,112.00
	Nonpriority Creditor's Name 65 Broadway Hicksville, NY 11801-4236	When was the debt incurred? 2008	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Credit card debt	
4.2	Paul Michael Marketing	Last 4 digits of account number	\$0.00
	Nonpriority Creditor's Name 18609 Union Tpke. Flushing, NY 11366	When was the debt incurred?	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	■ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.2	Peoples Alliance Federal Credit Union	Last 4 digits of account number	\$14,889.46
	Nonpriority Creditor's Name 125 Wireless Boulevard Hauppauge, NY 11788	When was the debt incurred? 1999	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other, Specify Loan	

Debto	or 1 John Parchen or 2 Kerry Sauer	Case number (if know)	
4.2	Petro	Last 4 digits of account number 5505	\$1,744.56
	Nonpriority Creditor's Name 48 Harbor Park Drive Port Washington, NY 11050	When was the debt incurred? 2013	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Fuel	
4.2	Portfolio Recovery Associates Nonpriority Creditor's Name	Last 4 digits of account number	\$0.00
	P.O. Box 12914 Norfolk, VA 23541	When was the debt incurred?	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent	
	■ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Credit card debt	
4.2 5	Professional Claims Bureau	Last 4 digits of account number	\$0.00
	Nonpriority Creditor's Name P.O. Box 9060 Hicksville, NY 11802	When was the debt incurred?	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	■ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Medical Services	

Debto Debto	or 1 John Parchen or 2 Kerry Sauer		Case number (if know)	
4.2 6	Quest Diagnostics, Inc.	Last 4 digits of account number	3361	\$1,917.97
	Nonpriority Creditor's Name P.O. Box 64878 Baltimore, MD 21264-4878	When was the debt incurred?	2013	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify Medical Se	rvices	
4.2 7	Raphael Strauss, MD, PC Nonpriority Creditor's Name	Last 4 digits of account number	Various	\$1,192.00
	283 Commack Road Commack, NY 11725-3400	When was the debt incurred?	2013	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify Medical Se	rvices	
4.2	Stony Brook University Hospital	Last 4 digits of account number	8670	\$2,721.21
	Nonpriority Creditor's Name P.O. Box 1546 Stony Brook, NY 11790	When was the debt incurred?	2013	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community debt	☐ Student loans	aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	addition agreement of divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify Medical Se	rvices	

	or 1 John Parchen or 2 Kerry Sauer		Case number (if know)	
4.2 9	Sunrise Medical Laboratories	Last 4 digits of account number	· Various	\$401.00
	Nonpriority Creditor's Name		0044	
	250 Miller Place	When was the debt incurred?	2011	-
	Hicksville, NY 11801 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.		onesit an mat apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecur	ed claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepreport as priority claims	paration agreement or divorce that you did not	
	■ No	Debts to pension or profit-shar	ing plans, and other similar debts	
	Yes	Other. Specify Medical S	ervices	_
Part :	3: List Others to Be Notified About a De	bt That You Already Listed		
is tr hav	this page only if you have others to be notified a ying to collect from you for a debt you owe to so e more than one creditor for any of the debts tha fied for any debts in Parts 1 or 2, do not fill out o	omeone else, list the original creditor it you listed in Parts 1 or 2, list the add	in Parts 1 or 2, then list the collection agenc	y here. Similarly, if you
Name	and Address	On which entry in Part 1 or Part 2 did yo	ou list the original creditor?	
•	, ,	Line 4.18 of (Check one):	\square Part 1: Creditors with Priority Unsecured Cla	ims
ี 811	West Jericho Tpke. htown, NY 11787	I	Part 2: Creditors with Nonpriority Unsecured	Claims

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

					Total Claim
Total	6a.	Domestic support obligations	6a.	\$	0.00
claims	01	To an advantage of the later of	01	_	
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	217,663.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	217,663.00
					Total Claim
	6f.	Student loans	6f.	\$	0.00
Total claims					
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	106,410.81
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	106,410.81

ill in this infor	mation to identify your	case:		
Debtor 1	John Parchen First Name	Middle Name	Last Name	
Debtor 2	Kerry Sauer	Middle Name	Lastivanie	
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT O	F NEW YORK	
Case number				
(if known)				

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with	whom you have the , Street, City, State and ZIP	e contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.2					
	Name				
	Number	Street			_
	City		State	ZIP Code	<u> </u>
2.3	Oity		Otate	Zii Code	
2.0	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.4					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.5	y				
	Name				_
	Number	Street			_
	City		State	ZIP Code	_

Official Form 106G

Fill in this	information to identify yo	ur case:			
Debtor 1	John Parchen				
	First Name	Middle Name	Last Name	_	
Debtor 2 (Spouse if, filing	Kerry Sauer First Name	Middle Name	Last Name		
	3,				
United Sta	ates Bankruptcy Court for the	EASTERN DISTRICT C	OF NEW YORK		
Case num	ber				
(if known)					☐ Check if this is an
					amended filing
Officia	l Form 106H				
	dule H: Your Co	dobtore			40/45
Scried	iule n. Toul Co	uebioi 5			12/15
your name	e and case number (if know	vn). Answer every question (If you are filing a joint case,).		of any Additional Pages, write
=					
■ No □ Yes	2				
□ 163	5				
		rou lived in a community p na, Nevada, New Mexico, Pu			states and territories include
Alizon	ia, Camornia, Idano, Lodisiai	ila, Nevada, New Mexico, I C	ierto Nico, Texas, Wash	ington, and wisconsin.)	
■ No.	. Go to line 3.				
☐ Yes	s. Did your spouse, former sp	oouse, or legal equivalent liv	e with you at the time?		
in line Form	e 2 again as a codebtor onl	y if that person is a guarar	ntor or cosigner. Make	sure you have listed th	g with you. List the person shown le creditor on Schedule D (Official Schedule E/F, or Schedule G to fil
	Column 1: Your codebtor Name, Number, Street, City, State an	d 71D Codo			ditor to whom you owe the debt
	Name, Number, Street, City, State an	d ZIP Code		Check all schedule	s that apply:
3.1				Schedule D, line	e
	Name			☐ Schedule E/F, li	
				☐ Schedule G, line	e
	Number Street				
	City	State	ZIP Code		
3.2	Name			Schedule D, line	
				☐ Schedule E/F, li ☐ Schedule G, line	
_	Number Street				,
	Number Street City	State	ZIP Code		

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							•						
	in this information to identify you												
De	btor 1 John Pard	chen				_							
	btor 2 Kerry Sau	er				_							
Uni	ited States Bankruptcy Court for	the: EASTERN DISTRICT	OF NEW	V YORK		_							
	se number nown)			□ Ar		d filing ent showin	ng postpetition ollowing date:						
0	fficial Form 106I						M	M / DD/ Y					
S	chedule I: Your In	come					IVI	IVI / DD/ 1			12/15		
sup spo atta	as complete and accurate as population. If you are separated and you a separated to this form	ou are married and not fili our spouse is not filing w n. On the top of any additi	ng jointly ith you, c	y, and your s do not includ	spouse de infor	is liv mati	ing with on about	you, inclu your spo	ude inforr use. If m	mation about ore space is	your needed,		
1.	Fill in your employment information.			Debtor 1					Debtor 2 or non-filing spouse				
	If you have more than one job,	Employment status	■ Em	■ Employed					■ Employed				
	attach a separate page with information about additional	Employment status	☐ Not employed					☐ Not employed					
	employers.	Occupation	Driver				Dentist						
	Include part-time, seasonal, or self-employed work.	Employer's name	Self-e	Self-employed					Shining Smiles Family Dental, PC				
Occupation may include student Employer's address or homemaker, if it applies.				Holbrook, NY									
		How long employed t	here?	13 Year	s			_1	8 month	ıs			
Esti spo	imate monthly income as of the use unless you are separated. ou or your non-filing spouse have	e date you file this form. If	•	ŭ		,	,			•	J		
mor	e space, attach a separate sheet	to this form.					For Deb	otor 1		btor 2 or			
2.	List monthly gross wages, sa deductions). If not paid monthly				2.	\$		0.00	\$	0.00			
3. Estimate and list monthly overtime pay.					3.	+\$		0.00	+\$	0.00			
4.	Calculate gross Income. Add line 2 + line 3.				4.	\$		0.00	\$	0.00			

Official Form 106I Schedule I: Your Income page 1

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. 12. 13. Do you expect an increase or decrease within the year after you file this form? No.	Deb Deb	tor 1 tor 2	John Parchen Kerry Sauer	_		Case ı	number (<i>if ki</i>	nown) _			
Copy line 4 here						For	Debtor 1					
5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions of the security of the sec		Cop	by line 4 here	4.		\$		0.00			•	<u> </u>
55. Mandatory contributions for retirement plans 55. 0.00	5.	List	all payroll deductions:									
5c. Voluntary contributions for retirement plans 5d. Required repayments of retirement fund loans 5d. Required repayments of retirement fund loans 5d. Required repayments of retirement fund loans 5d. No.000 \$ 0.000 5f. Domestic support obligations 5f. Union dues 5g. Union du		5a.	Tax, Medicare, and Social Security deductions	5a	ā.	\$		0.00)	\$	0.00)
5d. Required repayments of retirement fund loans 5e. Insurance 5f. Domestic support obligations 5f. Sp. \$ 0.000 \$ 0.000 5g. Union dues 5f. Domestic support obligations 5f. Sp. \$ 0.000 \$ 0.000 5h. Other deductions. Specify: 5h. + \$ 0.000 \$ 0.000 5h. Other deductions. Specify: 5h. + \$ 0.000 \$ 0.000 5h. Other deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 0.000 \$ 0.000 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 0.000 \$ 0.000 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 0.000 \$ 0.000 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 0.000 \$ 0.000 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 0.000 \$ 0.000 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 0.000 \$ 0.000 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 0.000 \$ 0.000 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 0.000 \$ 0.000 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 0.000 \$ 0.000 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 0.000 \$ 0.000 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 0.000 \$ 0.000 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 0.000 \$ 0.000 6. Each line of the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 0.000 \$ 0.000 6. Family support payments that you an on-filling spouse, or a dependent regularly receive linclude cash assistance that you regularly receive linclude cash assistance and the value (if known) of any non-cash assistance hat you receive, such as 6cod stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. \$ 0.000 \$ 0.000 6. Other government assistance that you regularly receive linclude cash assistance and the value (if known) of any non-cash assistance hat you receive, such as 6cod stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. \$ 0.000 \$ 0.000 6. Other go		5b.		5b) .	\$		0.00)	\$	0.00	<u> </u>
56. Insurance		5c.	Voluntary contributions for retirement plans	50) .	\$		0.00)	\$	0.00)
5. Domestic support obligations 5. Sund dues 5. Union dues 6. Unemployment compensation 8. Union dues 8. Union d		5d.	Required repayments of retirement fund loans	50	d.	\$		0.00)	\$	0.00)
5g. Union dues 5h. Other deductions. Specify: 5h. Other deductions. Add lines 5a+5b+5c+5d+5e+5f+5e+5h. 6h. Sh. Sh. Sh. Sh. Sh. Sh. Sh. Sh. Sh. S		5e.	Insurance	5e	€.	\$		0.00)	\$	0.00	<u> </u>
5h. Other deductions. Specify: 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5e+5f+5e+5h. 6. \$ 0.00 \$ 0.00 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 0.00 \$ 0.00 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. \$ 0.00 \$ 0.00 8e. \$ 0.00 \$ 0.00 8e. \$ 0.00 \$ 0.00 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8g. Pension or retirement income 8g. \$ 0.00 \$ 0.00 8h. Other monthly income. Specify: 8g. Pension or retirement income 8g. \$ 0.00 \$ 0.00 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 4,544.00 \$ 1,334.00 = \$ 5,878.00 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other frends or relatives. 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Deta, if it applies		5f.	Domestic support obligations	5f		· —	(0.00)_	\$	0.00	<u>) </u>
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Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$ 5,878.00 Combined monthly income No.	11.	Incli othe Do i	ude contributions from an unmarried partner, members of your household, you er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not	r depe						in <i>Schedul</i>		0.00
13. Do you expect an increase or decrease within the year after you file this form? No.	12.	Writ	te that amount on the Summary of Schedules and Statistical Summary of Certa							fit	· —	5,878.00
	13.	Do :	•	1?							month	ly income
Tes. Explain.			Yes. Explain:									

Official Form 106I Schedule I: Your Income page 2

Fill	in this informs	ation to identify yo	our case:			I		
		-						
Deb	tor 1	John Parche	<u>n</u>			Che □	eck if this is: An amended filing	2
Deb	tor 2	Kerry Sauer					· ·	owing postpetition chapter
(Spo	ouse, if filing)					_	13 expenses as o	of the following date:
Unit	ed States Bank	ruptcy Court for the	EASTE	RN DISTRICT OF NEW Y	ORK		MM / DD / YYYY	
Cas	e number							
(If k	nown)							
O	fficial Fo	orm 106J						
S	chedule	J: Your	 Exper	ises				12/1
Be info	as complete ormation. If m	and accurate as	s possible. eded, atta	. If two married people ar ch another sheet to this				
Par 1.	t 1: Desc Is this a join	ribe Your House	hold					
١.	□ No. Go to							
	_	es Debtor 2 live	in a sonar	ate household?				
	_		iii a sepai	ate nousenoia:				
	■ N		st file Offici	al Form 106J-2, <i>Expenses</i>	s for Separate House	ehold of De	ebtor 2.	
2.	Do you hav	e dependents?	□ No					
	Do not list D Debtor 2.	ebtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state				daughter		9	□ No
	dependents	names.			dauginei			_ Yes □ No
					son		9	■ Yes
								□ No
								Yes
								□ No
3.	expenses of	penses include of people other t d your depende	han 🗖	No Yes				_ □ Yes
exp	imate your e	a date after the l	our bankrı	uptcy filing date unless y				napter 13 case to report of the form and fill in the
the		h assistance an		government assistance i luded it on <i>Schedule I:</i> \			Your ex	penses
4.		or home owners		ses for your residence. I	nclude first mortgag	e 4.	\$	1,400.00
	If not include	ded in line 4:						
	4a. Real	estate taxes				4a.	\$	0.00
		estate taxes erty, homeowner's	s, or renter	's insurance		4a. 4b.	· -	0.00
		•		ıpkeep expenses		4c.	·	200.00
	4d. Home	eowner's associat	tion or cond	dominium dues		4d.	·	0.00
5	Additional	mortagae navm	ante for w	nur residence such as ho	mo oquity loons	5	2	98 99

ebtor 1	John Parchen			
ebtor 2	Kerry Sauer	Case num	ber (if known)	
Uti	ities:			
6a.	Electricity, heat, natural gas	6a.	\$	500.00
6b.	Water, sewer, garbage collection	6b.	· :	45.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	250.00
6d.	Other. Specify:	6d.	\$	0.00
	od and housekeeping supplies	7.	\$	750.00
	Idcare and children's education costs	8.	\$	0.00
	thing, laundry, and dry cleaning	9.	\$	235.00
	sonal care products and services	10.	\$	200.00
	dical and dental expenses	11.	\$	250.00
	nsportation. Include gas, maintenance, bus or train fare.	• • • •	·	200.00
	not include car payments.	12.	\$	475.00
	ertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	150.00
	aritable contributions and religious donations	14.	\$	0.00
. Ins	urance.			
	not include insurance deducted from your pay or included in lines 4 or 20.			
15a	. Life insurance	15a.	\$	0.00
15b	. Health insurance	15b.	\$	1,050.00
150	. Vehicle insurance	15c.	\$	275.00
	l. Other insurance. Specify:	15d.	\$	0.00
. Tax	ces. Do not include taxes deducted from your pay or included in lines 4 or 20.			
	ecify:	16.	\$	0.00
	tallment or lease payments:	4-7	•	
	. Car payments for Vehicle 1	17a.	· .	0.00
	. Car payments for Vehicle 2	17b.	· -	0.00
	Other. Specify:	17c.	\$	0.00
	l. Other. Specify:	17d.	\$	0.00
	ur payments of alimony, maintenance, and support that you did not report a		\$	0.00
	lucted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I) er payments you make to support others who do not live with you.). 10.	\$	
	ecify:	19.	Ψ	0.00
	er real property expenses not included in lines 4 or 5 of this form or on <i>Sci</i>		our Income	
	. Mortgages on other property	20a.		0.00
	. Real estate taxes	20b.	· -	0.00
	Property, homeowner's, or renter's insurance	20c.	· :	0.00
	l. Maintenance, repair, and upkeep expenses	20d.	·	0.00
	Homeowner's association or condominium dues	20a. 20e.	\$	0.00
	er: Specify:	21.	·	0.00
. 011			ΓΨ	0.00
. Cal	culate your monthly expenses			
	. Add lines 4 through 21.		\$	5,878.00
22t	. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
220	. Add line 22a and 22b. The result is your monthly expenses.		\$	5,878.00
				,
	culate your monthly net income.	00-	c	F 070 00
	Copy line 12 (your combined monthly income) from Schedule I.	23a.	·	5,878.00
23b	. Copy your monthly expenses from line 22c above.	23b.	-\$i	5,878.00
224	Subtract your monthly expenses from your monthly income.			
230	The result is your <i>monthly net income</i> .	23c.	\$	0.00
	The result to your monthly not income.			
For	you expect an increase or decrease in your expenses within the year after yexample, do you expect to finish paying for your car loan within the year or do you expect you lification to the terms of your mortgage?			e or decrease because of a
_				
	No. Yes Explain here:			

Fill in this info	rmation to identify your	case:					
Debtor 1	John Parchen						
	First Name	Middle Name	Las	t Name			
Debtor 2	Kerry Sauer First Name	Middle None	Lan	4 Nama			
(Spouse if, filing)	First Name	Middle Name	Las	t Name			
United States B	ankruptcy Court for the:	EASTERN DISTRICT O	F NEW YO	RK			
Case number (if known)							☐ Check if this is an amended filing
If two married p	people are filing togethe	r, both are equally respor	nsible for s	upplyir	ng correct information.	statement,	
years, or both.	18 U.S.C. §§ 152, 1341,		uptoy out				
Did you pa	ay or agree to pay some	eone who is NOT an attori	ney to help	you fil	l out bankruptcy forms	s?	
■ No							
☐ Yes.	Name of person						Petition Preparer's Notice, ignature (Official Form 119)
•	alty of perjury, I declare re true and correct.	that I have read the sumr	mary and s	chedul	es filed with this decla	ration and	
X /s/ Jol	hn Parchen		Х	/s/ Ke	erry Sauer		
	Parchen			Kerry	Sauer		
Signatu	ure of Debtor 1			Signat	ture of Debtor 2		
Date	4/20/18			Date	4/20/18		

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

Fill in	this infor	mation to identify you	r case:			
Debto		John Parchen				
		First Name	Middle Name	Last Name		
Debto (Spous	or 2 e if, filing)	Kerry Sauer First Name	Middle Name	Last Name		
Unite	d States Ba	ankruptcy Court for the:	EASTERN DISTRICT C	F NEW YORK		
Cooo	numbar					
(if know	number ₋					Check if this is an amended filing
		orm 107	Affaira far India	iduals Filing for	Donkerstore	4/10
Be as inform	complete	and accurate as possi	ble. If two married people attach a separate sheet t	are filing together, both a	are equally responsible for sany additional pages, write	supplying correct
Part 1	Give	Details About Your Ma	rital Status and Where Yo	ou Lived Before		
1. V	Vhat is you	ır current marital statu	ıs?			
	• N4					
-	■ Married □ Not ma					
2. D	Ouring the	last 3 years, have you	lived anywhere other than	n where you live now?		
	_	idot o years, nave yea	inved anywhere office that	where you live how.		
	■ No] Yes. Li	st all of the places you I	ived in the last 3 years. Do	not include where you live n	now.	
ı	Debtor 1 P	rior Address:	Dates Debtor lived there	1 Debtor 2 Prior	Address:	Dates Debtor 2 lived there
					unity property state or terri Rico, Texas, Washington an	
	■ No □ Yes. M	ake sure you fill out <i>Scl</i>	nedule H: Your Codebtors (Official Form 106H).		
Part 2	2 Expla	in the Sources of You	r Income			
F	ill in the tot	al amount of income yo	u received from all jobs and	ing a business during this I all businesses, including paive together, list it only once		alendar years?
	No					
	Yes. Fi	II in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)

Official Form 107

	btor 1 btor 2		nn Parche rry Sauer	en				Cas	e number (if known)		
5.	Includ and of	le inc ther p	ome regard oublic benef	lless of wheth fit payments;	ner that inc pensions;	come is taxable. Ex rental income; inte	amples o		alimony; child supp ted from lawsuits;	royalties; and	curity, unemployment, I gambling and lottery
	List ea	ach s	ource and t	he gross inco	ome from e	each source separa	tely. Do	not include income t	hat you listed in lin	e 4.	
		No Yes. F	Fill in the de	etails.							
					Debtor 1				Debtor 2		
						of income	each (befo	ss income from a source ore deductions and usions)	Sources of inc Describe below		Gross income (before deductions and exclusions)
Pai	rt 3:	List	Certain Pa	vments You	Made Bei	fore You Filed for	Bankru	ntcv			
ı a		LIST	Octum 1	iyiiiciits rou	Made Be		Dankiu	рісу			
6.	_		Neither De	ebtor 1 nor E	ebtor 2 h	orimarily consume as primarily consort family, or househo	umer de	ebts. Consumer debt	s are defined in 11	U.S.C. § 101	(8) as "incurred by an
			During the	90 days befo	re you file	d for bankruptcy, d	id you pa	ay any creditor a tota	l of \$6,425* or mo	e?	
			□ No.	Go to line 7	7.						
	paid that creditor.					ditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you o not include payments for domestic support obligations, such as child support and alimony. Also, do ts to an attorney for this bankruptcy case.					
	* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.										
	■ Y	res.				ve primarily consults for bankruptcy, d		bts. ay any creditor a tota	ıl of \$600 or more?		
			No.	Go to line 7	7.						
			☐ Yes	include pay	ments for			of \$600 or more and suppose, such as child sup			creditor. Do not aclude payments to an
	Cred	litor's	s Name and	d Address		Dates of payme	ent	Total amount paid	Amount you still owe	Was this p	ayment for
7.	<i>Inside</i> of whi	ers ind ich yo iness	clude your r ou are an of	elatives; any ficer, director	general pa , person ir	artners; relatives of a control, or owner of	any ger of 20% o		erships of which you g securities; and ar	u are a gener ly managing a	al partner; corporations agent, including one for
	I	No									
		res. L	ist all payn	nents to an in	sider.						
	Insid	ler's	Name and	Address		Dates of payme	ent	Total amount paid	Amount you still owe	Reason for	this payment
8.	inside	er?			•			ments or transfer a	ny property on ac	count of a d	lebt that benefited an
	Includ	le pay	ments on o	debts guaran	teed or cos	signed by an inside	r.				
	I	No									
		res. L	_ist all payn	nents to an in	sider						
	Insid	ler's	Name and	Address		Dates of payme	ent	Total amount paid	Amount you still owe		r this payment ditor's name

	otor 1 otor 2	John Parchen Kerry Sauer			Case number	(if known)		
Pai	t 4:	Identify Legal Actions, Reposses	sions. a	and Foreclosures				
9.	With List a	in 1 year before you filed for bankruall such matters, including personal injudications, and contract disputes.	uptcy,	were you a party in any				
	_	No Yes. Fill in the details.						
		e title e number	N	ature of the case	Court or agency		Status of th	e case
10.		in 1 year before you filed for bankr ck all that apply and fill in the details b		was any of your prope	rty repossessed, foreclosed	l, garnisl	hed, attached	d, seized, or levied?
	_	No. Go to line 11. Yes. Fill in the information below.						
	Cre	ditor Name and Address		escribe the Property		Date		Value of the property
				xplain what happened				
11.	acco	in 90 days before you filed for bank ounts or refuse to make a payment l			uding a bank or financial ins	stitution,	set off any a	imounts from your
		Yes. Fill in the details. ditor Name and Address	_	escribe the action the	oroditor took	Data	ection was	Amount
	Cie	uitor Name and Address		escribe the action the	creditor took	taken	iction was	Amount
12.	cour	in 1 year before you filed for bankri t-appointed receiver, a custodian, o No			rty in the possession of an a	assignee	for the bene	efit of creditors, a
		Yes						
Pa	t 5:	List Certain Gifts and Contributio	ns					
13.		in 2 years before you filed for bank No Yes. Fill in the details for each gift.	ruptcy	, did you give any gifts	with a total value of more the	han \$600) per person	?
	Gift	s with a total value of more than \$6 person	00	Describe the gifts		Dates the git	you gave fts	Value
		son to Whom You Gave the Gift and Iress:	t					
14.	•	in 2 years before you filed for bank			or contributions with a tota	ıl value o	of more than	\$600 to any charity?
		Yes. Fill in the details for each gift or s or contributions to charities that		ution. Describe what you	contributed	Dotos	VOII.	Value
	mor Cha	re than \$600 Irity's Name Iress (Number, Street, City, State and ZIP Cod		Describe what you	Contributed	Dates contri		Value
Pa	t 6:	List Certain Losses						
15.		in 1 year before you filed for bankr ambling?	uptcy c	or since you filed for ba	ankruptcy, did you lose anyt	thing bed	cause of thef	t, fire, other disaster,
		No						
		Yes. Fill in the details.						
		cribe the property you lost and v the loss occurred		ribe any insurance con de the amount that insur	verage for the loss ance has paid. List pending	Date o	of your	Value of property lost

Official Form 107

Debtor 1 John Parchen Debtor 2 **Kerry Sauer** Case number (if known) Part 7: List Certain Payments or Transfers 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. ☐ No Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of Address transferred or transfer was payment **Email or website address** made Person Who Made the Payment, if Not You Adam C. Gomerman, Esq. **Attorney Fees** 11/21/17 \$2,000.00 807 East Jericho Turnpike **Huntington Station, NY 11746** agomerman@optonline.net 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. No Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of Address transferred or transfer was payment made 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. Nο Yes. Fill in the details. **Person Who Received Transfer** Description and value of Describe any property or Date transfer was Address property transferred payments received or debts made paid in exchange Person's relationship to you 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) Yes. Fill in the details. Name of trust Description and value of the property transferred **Date Transfer was** made Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. No П Yes. Fill in the details. Name of Financial Institution and Last 4 digits of Type of account or Date account was Last balance

Statem

instrument

closed, sold,

moved, or

transferred

account number

Address (Number, Street, City, State and ZIP

Code)

Official Form 107

before closing or

transfer

	tor 1 John Parchen tor 2 Kerry Sauer	C	Case number (if known)	
	Do you now have, or did you have within 1 year b cash, or other valuables?	pefore you filed for bankruptcy, any	safe deposit box or other depositor	ry for securities,
	■ No □ Yes. Fill in the details.			
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
22.	Have you stored property in a storage unit or pla	ce other than your home within 1 y	ear before you filed for bankruptcy?	
	No			
	Yes. Fill in the details.			
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
Par	9: Identify Property You Hold or Control for S	omeone Else		
	Do you hold or control any property that someon for someone.	e else owns? Include any property	you borrowed from, are storing for,	or hold in trust
	■ No □ Yes. Fill in the details.			
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
Par	10: Give Details About Environmental Informat	ion		
For t	he purpose of Part 10, the following definitions a	pply:		
	Environmental law means any federal, state, or lo toxic substances, wastes, or material into the air regulations controlling the cleanup of these subs	, land, soil, surface water, groundw		
	Site means any location, facility, or property as d to own, operate, or utilize it, including disposal s		w, whether you now own, operate, o	r utilize it or used
	Hazardous material means anything an environm hazardous material, pollutant, contaminant, or si		vaste, hazardous substance, toxic s	ubstance,
Rep	ort all notices, releases, and proceedings that you	ı know about, regardless of when t	they occurred.	
24.	Has any governmental unit notified you that you	may be liable or potentially liable u	ınder or in violation of an environme	ntal law?
	■ No			
	Yes. Fill in the details.			
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
25.	Have you notified any governmental unit of any r	elease of hazardous material?		
	■ No			
	Yes. Fill in the details.			
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice

		Kerry Sauer		Cas	se number (if known)					
26.	Have	you been a party in any judicial or adm	ninistrative proceeding under any env	rironm	nental law? Include settlements a	nd orders.				
	_	No Yes. Fill in the details.								
		e Title e Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nat	ure of the case	Status of the case				
Par	t 11:	Give Details About Your Business or 0	Connections to Any Business							
27.	Withi	in 4 years before you filed for bankrupto	cy, did you own a business or have ar	ny of	the following connections to any	business?				
	I	☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time								
	1	☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)								
	☐ A partner in a partnership									
	☐ An officer, director, or managing executive of a corporation									
		☐ An owner of at least 5% of the voting or equity securities of a corporation								
		No. None of the above applies. Go to P	art 12.							
		Yes. Check all that apply above and fill	in the details below for each busines	s.						
		iness Name ress	Describe the nature of the business		Employer Identification number					
		ber, Street, City, State and ZIP Code)	Name of accountant or bookkeeper		Do not include Social Security number or ITIN.					
					Dates business existed					
28.		in 2 years before you filed for bankrupto cutions, creditors, or other parties.	cy, did you give a financial statement	to an	yone about your business? Inclu	de all financial				
		No								
		Yes. Fill in the details below.								
		ne ress ber, Street, City, State and ZIP Code)	Date Issued							
	•	,								

Debtor 1 Debtor 2	John Parchen Kerry Sauer		Case	Case number (if known)	
Part 12:	Sign Below				
I have rea are true a with a bar	d the answers on this Statement of Financial A	atement,	concealing property, or ob	eclare under penalty of perjury that the answers taining money or property by fraud in connection s, or both.	
/s/ John	Parchen	/s/ Ker	ry Sauer		
John Pa	rchen	Kerry Sauer			
Signature	e of Debtor 1	Signati	re of Debtor 2		
Date 4/	20/18	Date	4/20/18		
Did you and No ☐ Yes	ttach additional pages to Your Statement of Fil	nancial A	ffairs for Individuals Filing	for Bankruptcy (Official Form 107)?	
Did you p ■ No	ay or agree to pay someone who is not an atto	rney to h	elp you fill out bankruptcy	forms?	
☐ Yes. Na	ame of Person Attach the Bankruptcy Peti	ition Prep	arer's Notice, Declaration, an	d Signature (Official Form 119).	

Fill in this i	information to identify your	case:		
Debtor 1	John Parchen			
Dobtor !	First Name	Middle Name	Last Name	
Debtor 2	Kerry Sauer			
(Spouse if, filing		Middle Name	Last Name	
United State	es Bankruptcy Court for the:	EASTERN DISTRICT C	F NEW YORK	
Case numb	er			
(II KIIOWII)				☐ Check if this is an amended filing
	Form 108 nent of Intentio	n for Individu	ıals Filing Unde	r Chapter 7
	n individual filing under cha s have claims secured by yo	, , ,	his form if:	
you have	e leased personal property a	nd the lease has not exp	pired.	
You must fi wl	le this form with the court w	rithin 30 days after you fi	le your bankruptcy petition o	r by the date set for the meeting of creditors, nd copies to the creditors and lessors you list
	ed people are filing togethe	r in a joint case, both are	equally responsible for supp	lying correct information. Both debtors must

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C
Creditor's	☐ Surrender the property.	□ No
name:	☐ Retain the property and redeem it.	
Description of	Retain the property and enter into a Reaffirmation Agreement.	☐ Yes
property	☐ Retain the property and [explain]:	
securing debt:		
Creditor's	☐ Surrender the property.	□ No
name:	☐ Retain the property and redeem it.	
Description of	Retain the property and enter into a Reaffirmation Agreement.	☐ Yes
property	☐ Retain the property and [explain]:	
securing debt:		
Creditor's	☐ Surrender the property.	□ No
name:	☐ Retain the property and redeem it.	
Description of	Retain the property and enter into a Reaffirmation Agreement.	☐ Yes
property	☐ Retain the property and [explain]:	
securing debt:		
Creditor's	☐ Surrender the property.	□ No

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

Debtor 1 Debtor 2	John Parchen	Case number (if known)	
Debioi 2	Kerry Sauer	Case number (il known)	
name:		☐ Retain the property and redeem it.☐ Retain the property and enter into a	☐ Yes
Descrip	tion of	Reaffirmation Agreement.	
propert		☐ Retain the property and [explain]:	
securin	g debt:		-
	List Your Unexpired Personal Prop		
in the info	rmation below. Do not list real esta	nat you listed in Schedule G: Executory Contracts and Unexpired te leases. Unexpired leases are leases that are still in effect; the perty lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2)	lease period has not yet ended.
Describe	your unexpired personal property l	leases	Will the lease be assumed?
Lessor's n	name: on of leased		□ No
Property:	ii oi leaseu		□ Yes
Lessor's n			□ No
Property:	n of leased		□ Yes
Lessor's n			□ No
Property:	n of leased		☐ Yes
Lessor's n			□ No
Property:	n of leased		☐ Yes
Lessor's n			□ No
Property:	n of leased		□ Yes
Lessor's n	name: on of leased		□ No
Property:	ii oi leaseu		□ Yes
Lessor's n	name: on of leased		□ No
Property:	ii oi leaseu		□ Yes
Part 3:	Sign Below		
	nalty of perjury, I declare that I have hat is subject to an unexpired lease	indicated my intention about any property of my estate that sec	ures a debt and any personal
	ohn Parchen	X /s/ Kerry Sauer	
	n Parchen	Kerry Sauer	
Signa	ature of Debtor 1	Signature of Debtor 2	
Date	4/20/18	Date 4/20/18	

Official Form 108

Fill ir	n this informa	ation to identify your	case:					e box only as d	irected	in this form and	l in Form
Debt	or 1	John Parchen				12:	2A-1Su	ipp:			
Debt (Spou	or 2	Kerry Sauer					■ 1. T	here is no presi	umptior	of abuse	
		nkruptcy Court for t	he: Eastern District	of New You	rk		а	he calculation to applies will be m Calculation (Offi	nade un	der <i>Chapter 7 i</i>	mption of abuse Means Test
Case (if kno	e number wn)							he Means Test		,	ecause of
								qualified military			
							☐ Ch	eck if this is a	n ame	nded filing	
Off (<u>icial Fo</u>	<u>rm 122A - ′</u>	<u>1</u>								
Ch	apter 7	Statemen	t of Your Cu	ırrent	Monthl	y Inc	omo	е			12/15
attach case r qualif	a separate s number (if kn ying military	heet to this form. Incown). If you believe t service, complete an	le. If two married peopl clude the line number to hat you are exempted f d file Statement of Exe	which the rom a presu	additional info	ormation a	applies. se you	On the top of ar	ny additi narily co	ional pages, writ onsumer debts o	e your name and or because of
Part		ulate Your Current									
1.	-		g status? Check one	only.							
	_	ried. Fill out Columi									
			s filing with you. Fill				2-11.				
			s NOT filing with you		•						
			ehold and are not le								
	penal	ty of perjury that yo	legally separated. Find and your spouse are not not include evants.	e legally se	parated unde	r nonban	kruptcy	y law that applie	es or the		
10 the	1(10A). For exe 6 months, ac	cample, if you are filing ld the income for all 6	hat you received from a g on September 15, the 6 months and divide the to , put the income from tha	-month perional tall by 6. Fill i	od would be Ma in the result. Do	rch 1 thro	ugh Aug de any ir	ust 31. If the amo	ount of your	our monthly incom once. For examp	ne varied during le, if both
							Colum			nn B or 2 or iling spouse	
2.	Your gross		s, bonuses, overtime	, and con	nmissions (b	efore all	\$	0.00	\$	0.00	
3.	3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in. \$ 0.00 \$										
4.	of you or you from an unn and roomma	our dependents, ir narried partner, mer ates. Include regula	which are regularly ncluding child suppo mbers of your househor r contributions from a ats you listed on line 3.	rt. Include old, your de spouse on	regular contr ependents, pa	ibutions arents,	\$	0.00	\$	0.00	
5.	Net income	from operating a	business, profession Debtor 1		Debtor 2						
	Gross receiped deductions)	ots (before all	\$ 4,544.00		1,334.00						
	Ordinary an operating ex	d necessary	-\$ 0.00	-\$	0.00						
	Net monthly	income from a rofession, or farm	\$ 4,544.00	- ·	1,334.00	Copy here ->	\$	4,544.00	\$	1,334.00	
6.	Net income	from rental and o	ther real property								
				¢	Debtor 1 0.00						
		ots (before all deduc	•	\$ -\$	0.00						
	•	d necessary operat	ing expenses I or other real property	· —		/ here ->	\$	0.00	\$	0.00	
7	•	vidends, and royal		Ψ		,	\$	0.00	\$	0.00	
1.		riacinas, anu itydi	1100								

Official Form 122A-1

ebtor 2 K	Zerry Sauer			Case number	er (<i>if known</i>)			
				Column A Debtor 1		Column B Debtor 2 non-filing	or	
8. Unem	ployment compensation			\$	0.00	\$	0.00	
	enter the amount if you contend that the amount cial Security Act. Instead, list it here:	unt received was a ben	efit under					
For	you	\$	0.00					
For	your spouse	\$	0.00					
9. Pensi o	on or retirement income. Do not include any a tunder the Social Security Act.		vas a	\$	0.00	\$	0.00	
Do not receive	e from all other sources not listed above. S include any benefits received under the Social ed as a victim of a war crime, a crime against histic terrorism. If necessary, list other sources or elow.	I Security Act or paymenumanity, or internation	ents al or					
	•			\$	0.00	\$	0.00	
				\$	0.00	\$	0.00	
	Total amounts from separate pages, if any.		+	\$	0.00	\$	0.00	
	late your total current monthly income. Add column. Then add the total for Column A to the		\$	4,544.00	+	1,334.00		378.00
							Total currer income	it monthly
art 2:	Determine Whether the Means Test Applies	s to You						
	late your current monthly income for the ye							
12a. C	copy your total current monthly income from line	e 11		Сор	y line 11	here=>	\$5,8	378.00
M	fultiply by 12 (the number of months in a year)						x 12	
12b. T	he result is your annual income for this part of	the form				12	2b. \$ 70,5	36.00
13. Calcul	late the median family income that applies t	o you. Follow these st	eps:					
Fill in t	he state in which you live.	NY						
Fill in t	he number of people in your household.	4						
To find	he median family income for your state and size tha list of applicable median income amounts, of the form. This list may also be available at the ba	go online using the link	specified	in the separ	ate instruc	tions 13	3. \$ 98,5	83.00
	lo the lines compare?	, ,						
14a.	Line 12b is less than or equal to line 13. Go to Part 3.	On the top of page 1,	check box	1, There is	no presur	nption of abເ	ıse.	
14b.	☐ Line 12b is more than line 13. On the top Go to Part 3 and fill out Form 122A-2.	o of page 1, check box	2, The pre	esumption o	f abuse is	determined	by Form 122A-	2.
art 3:	Sign Below							
	y signing here, I declare under penalty of perju	ry that the information	on this sta	atement and	in any att	achments is	true and corre	ct.
	/s/ John Parchen		/s/ Kerr		-			
,	John Parchen Signature of Debtor 1		Kerry S		2			
Date	4/20/18	Date	4/20/18					
	MM / DD / YYYY	orm 100A 0	MM / DD	/ Y Y Y Y				
	you checked line 14a, do NOT fill out or file Fo							
lf	you checked line 14b, fill out Form 122A-2 and	d tile it with this form.						

John Parchen

Debtor 1

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Eastern District of New York

In re	John Parchen Kerry Sauer		Case No.		
	• •	Debtor(s)	Chapter	7	
1. P	DISCLOSURE OF COMPE Tursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2010			` ,	
C	ompensation paid to me within one year before the fili e rendered on behalf of the debtor(s) in contemplation	ng of the petition in bankruptcy,	or agreed to be paid	to me, for services reno	dered or to
				2,000.00	
	Prior to the filing of this statement I have received		\$	2,000.00	
	Balance Due		\$	0.00	
2. T	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
3. T	he source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
	 I have not agreed to share the above-disclosed compensor opposed the agreement, together with a list of the national compensor opposed to the agreement of the agreement opposed to the agreement of the agreement opposed to the agreement of the agreement opposed to the agreement of the agreement of the agreement opposed to the agreement of the agreement opposed to the agreement of th	sation with a person or persons w	ho are not members	or associates of my lav	-
5. I	n return for the above-disclosed fee, I have agreed to r				
b c.	 Analysis of the debtor's financial situation, and rend Preparation and filing of any petition, schedules, sta Representation of the debtor at the meeting of credit [Other provisions as needed] Negotiations with secured creditors to reaffirmation agreements and applications 522(f)(2)(A) for avoidance of liens on how 	tement of affairs and plan which tors and confirmation hearing, an reduce to market value; exe ons as needed; preparation	may be required; d any adjourned hear mption planning;	rings thereof;	ing of
6. B	by agreement with the debtor(s), the above-disclosed for Representation of the debtors in any diany other adversary proceeding.	ee does not include the following schargeability actions, judio	service: cial lien avoidance	es, relief from stay a	actions or
		CERTIFICATION			
	certify that the foregoing is a complete statement of an unkruptcy proceeding.	ny agreement or arrangement for	payment to me for re	epresentation of the deb	otor(s) in
4/2	20/18	/s/ Adam C. Gome	erman		
Da	ite	Adam C. Gomerm Signature of Attorne Adam C. Gomerm 807 East Jericho Huntington Statio 631-549-1111 Fax agomerman@opto	an y an, Esq. Turnpike n, NY 11746 x: 631-759-2925		

United States Bankruptcy Court Eastern District of New York

In re	John Parchen Kerry Sauer	Case No.		
	-	Debtor(s)	Chapter	7

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s) or attorney for the debtor(s) hereby verify that the attached matrix (list of creditors) is true and correct to the best of their knowledge.

Date:	4/20/18	/s/ John Parchen
		John Parchen
		Signature of Debtor
Date:	4/20/18	/s/ Kerry Sauer
		Kerry Sauer
		Signature of Debtor
Date:	4/20/18	/s/ Adam C. Gomerman
		Signature of Attorney
		Adam C. Gomerman
		Adam C. Gomerman, Esq.
		807 East Jericho Turnpike
		Huntington Station, NY 11746
		631-549-1111 Fax: 631-759-2925

USBC-44 Rev. 9/17/98

ACS/Asccess Group 501 Bleecker Street Utica, NY 13501

American Express P.O. Box 297884 Ft. Lauderdale, FL 33329-7884

American Med Collection Agency 2269 S. Saw Mill River Road Bldg. 3 Elmsford, NY 10523

Barclay Bank P.O. Box 13337 Philadelphia, PA 19101

Bayview Loan Servicing 4425 Ponce de Leon Blvd 5th Floor Miami, FL 33146

Capital One Bank P.O. Box 71083 Charlotte, NC 28272

CBNA PO Box 796006 San Antonio, TX 78245

Citi Cards P.O. Box 182564 Columbus, OH 43218

Direct Merchants Bank P.O. Box 17313 Baltimore, MD 21297-1313

Discover P.O. Box 15192 Wilmington, DE 19886

Discover P.O. Box 15192 Wilmington, DE 19886 Discover P.O. Box 15192 Wilmington, DE 19886

Exeter Finance Corp. P.O. Box 166008 Irving, TX 75016

Fleck, Fleck & Fleck 1205 Franklin Avenue, Ste. 300 Garden City, NY 11530

Fleck, Fleck & Fleck 1205 Franklin Avenue, Ste. 300 Garden City, NY 11530

Forster & Garbus, LLP 60 Motor Parkway Commack, NY 11725-5710

GE Capital Retail Bank PO Box 960061 Orlando, FL 32896-0061

GE Money Bank P.O. Box 960061 Orlando, FL 32896

Good Samaritan Hospital 1000 Montauk Hwy. West Islip, NY 11795-4958

Internal Revenue Service 11 Metro Tech Center Brooklyn, NY 11201

Kohl's
P.O. Box 3043
Milwaukee, WI 53201-3043

Medical Property Manageme 16 Van Cott Road Deer Park, NY 11729 Mullen and Iannarone, PC 300 E. Main Street, Suite 3 Smithtown, NY 11787

New York Team FCU 65 Broadway Hicksville, NY 11801-4236

NY State Department of Taxation and Finance Civil Enforcement W A Harriman State Campus Albany, NY 12227-0001

Paul Michael Marketing 18609 Union Tpke. Flushing, NY 11366

Peoples Alliance Federal Credit Union 125 Wireless Boulevard Hauppauge, NY 11788

Petro 48 Harbor Park Drive Port Washington, NY 11050

Petro Inc. 520 Broadhollow Road, Ste. 200W Melville, NY 11747

Portfolio Recovery Associates P.O. Box 12914 Norfolk, VA 23541

Professional Claims Bureau P.O. Box 9060 Hicksville, NY 11802

Quest Diagnostics, Inc. P.O. Box 64878 Baltimore, MD 21264-4878

Raphael Strauss, MD, PC 283 Commack Road Commack, NY 11725-3400

Stony Brook University Hospital P.O. Box 1546 Stony Brook, NY 11790

Sunrise Medical Laboratories 250 Miller Place Hicksville, NY 11801

Taylor, Eldridge PC 811 West Jericho Tpke. Smithtown, NY 11787

Wells Fargo Home Mortgage 1 Home Campus Des Moines, IA 50328

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NEW YORK

STATEMENT PURSUANT TO LOCAL BANKRUPTCY RULE 1073-2(b)

DEBTOR(S):	Kerry Sauer	CASE NO.:.
		(b), the debtor (or any other petitioner) hereby makes the following disclosure owledge, information and belief:
was pending at any the spouses or ex-spouse partnership and one of have, or within 180 of	ime within eight years before thes; (iii) are affiliates, as defined for more of its general partners; (purposes of E.D.N.Y. LBR 1073-1 and E.D.N.Y. LBR 1073-2 if the earlier case e filing of the new petition, and the debtors in such cases: (i) are the same; (ii) are in 11 U.S.C. § 101(2); (iv) are general partners in the same partnership; (v) are a (vi) are partnerships which share one or more common general partners; or (vii) ther of the Related Cases had, an interest in property that was or is included in the
■ NO RELATED C	CASE IS PENDING OR HAS B	EEN PENDING AT ANY TIME.
☐ THE FOLLOWI	NG RELATED CASE(S) IS PE	NDING OR HAS BEEN PENDING:
1. CASE NO.:	_ JUDGE: DISTRICT	/DIVISION:
CASE STILL PEND	ING (Y/N):	[If closed] Date of closing:
CURRENT STATU	S OF RELATED CASE:	
		(Discharged/awaiting discharge, confirmed, dismissed, etc.)
MANNER IN WHI	CH CASES ARE RELATED (R	Refer to NOTE above):
	LISTED IN DEBTOR'S SCHEI FRELATED CASE:	DULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN
2. CASE NO.:	JUDGE: DISTRICT	/DIVISION:
CASE STILL PEND	ING (Y/N):	[If closed] Date of closing:
CURRENT STATU	S OF RELATED CASE:	
		(Discharged/awaiting discharge, confirmed, dismissed, etc.)
MANNER IN WHI	CH CASES ARE RELATED (R	Refer to NOTE above):
	LISTED IN DEBTOR'S SCHEI FRELATED CASE:	DULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN
3. CASE NO.:	_ JUDGE: DISTRICT	/DIVISION:
CASE STILL PEND	ING (Y/N):	[If closed] Date of closing:

John Parchen

DISCLOSURE OF RELATED CASES (cont'd)	
CURRENT STATUS OF RELATED CASE:	(Discharged/awaiting discharge, confirmed, dismissed, etc.)
MANNED IN WHICH CASES ARE DELATED (Defe	
MANNER IN WHICH CASES ARE RELATED (Refer	~ to NO1E above):
REAL PROPERTY LISTED IN DEBTOR'S SCHEDUL SCHEDULE "A" OF RELATED CASE:	LE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN
	als who have had prior cases dismissed within the preceding 180 days may not uired to file a statement in support of his/her eligibility to file.
TO BE COMPLETED BY DEBTOR/PETITIONER'S A	ATTORNEY, AS APPLICABLE:
I am admitted to practice in the Eastern District of New	York (Y/N): Y
CERTIFICATION (to be signed by pro se debtor/petitio	ner or debtor/petitioner's attorney, as applicable):
I certify under penalty of perjury that the within bankrup as indicated elsewhere on this form.	otcy case is not related to any case now pending or pending at any time, except
/s/ Adam C. Gomerman	
Adam C. Gomerman Signature of Debtor's Attorney Adam C. Gomerman, Esq. 807 East Jericho Turnpike	Signature of Pro Se Debtor/Petitioner
Huntington Station, NY 11746 631-549-1111 Fax:631-759-2925	Signature of Pro Se Joint Debtor/Petitioner
	Mailing Address of Debtor/Petitioner
	City, State, Zip Code
Failure to fully and truthfully provide all information re-	Area Code and Telephone Number

Failure to fully and truthfully provide all information required by the E.D.N.Y. LBR 1073-2 Statement may subject the debtor or any other petitioner and their attorney to appropriate sanctions, including without limitation conversion, the appointment of a trustee or the dismissal of the case with prejudice.

<u>NOTE</u>: Any change in address must be reported to the Court immediately IN WRITING. Dismissal of your petition may otherwise result.

USBC-17 Rev.8/11/2009